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| REQUEST FOR USAF TECHNICAL ORDER DISTRIBUTION OFFICE CODE ASSIGNMENT OR CHANGE <i>(See T.O. 00-5-2 FOR USE OF THIS FORM)</i> | | TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED <input type="checkbox"/> CANCELLATION | T.O. DISTRIBUTION OFFICE CODE DATE |
| 1. FROM | | 2. TO <i>(Place in envelope and mail to)</i> OC-ALC/TILUB 7851 Arnold St, Ste 201 Tinker AFB OK 73145-9147 | |
| 3. T.O. MAILING ADDRESS AND 9 DIGIT-ZIP CODE | | | |
| 4. TODO TYPE | | | |
| | a. BASE TODO <i>(T.O. 00-5-2, Para 1-4.1.)</i> | | e. ORGANIZATION IS A CONTRACTOR WITH A UNITED STATES GOVERNMENT CONTRACT <i>(Indicate Contract Number and Issuing U.S. Government Agency) (Use reverse side if necessary)</i> <hr/> |
| | b. UNIT/ACTIVITY TODO <i>(T.O. 00-5-2, Para 1-4.3.)</i> | | |
| | c. ORGANIZATION IS AN ELEMENT OF THE UNITED STATES AIR FORCE <i>(Indicate Major Command)</i> <hr/> | | |
| | d. ORGANIZATION IS AN ELEMENT OF THE UNITED STATES GOVERNMENT BUT NOT AIR FORCE <i>(Indicate Department or Agency)</i> <hr/> | f. CANCELLATION DATE <i>(Date on which code and all requirements are to be cancelled unless otherwise advised by revised AFTO Form 43).</i> <hr/> | |
| g. OTHER <i>(Describe organization in detail. Use reverse side if necessary)</i> <hr/> | | | |
| 5. SECURITY LEVEL AUTHORIZED <i>(The organization listed above has adequate facilities, equipment, and properly cleared personnel to receive and safeguard classified Technical Orders up to and including (reflect Security Clearance)).</i> | | | |
| 6. TODO PERSONNEL <i>(The following personnel are authorized to sign and approve T.O. requirements as TODO IAW T.O. 00-5-2. Personnel listed below are conversant with the provisions of T.O. 00-5-2 and will assure compliance therewith.)</i> | | | |
| NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone and E-Mail address)</i> | | NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone and E-Mail address)</i> | |
| | | | |
| 7. GOVERNMENT APPROVING AGENCY <i>(The following United States Government Personnel are authorized to sign and approve technical order requirements as USAF approving agent IAW T.O. 00-5-2).</i> | | | |
| NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone)</i> | | NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone)</i> | |
| | | | |
| 8. COMMAND/CONTRACTING OFFICER APPROVAL <i>(The above request is verified and approved by this office. Approval of this request is considered in the best interests of the United States Government.)</i> | | | |
| APPROVING OFFICE <i>(Address, Phone, USAF Major Command/U.S. Government Office Approval)</i> | | NAME, GRADE, TITLE, SIGNATURE <i>(Major Staff Officer or authorized Contracting Officer)</i> | |
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| 9. FOR AFMC TODO CODE MANAGEMENT ACTIVITY USE ONLY | | | |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | REMARKS OR SPECIAL INSTRUCTIONS <i>(Continue on reverse)</i> | | |

CONTINUATION